

APPLICATION FOR MARRIAGE LICENSE

**PLEASE PRINT AND GIVE FULL NAMES AT BIRTH
UNLESS ADOPTED OR HAD LEGAL NAME CHANGE**

Male: _____

FEMALE: _____

FIRST FULL MIDDLE LAST (MAIDEN)

SOCIAL SECURITY NUMBER OR CONTROL NUMBER: _____

AGE: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(State/Foreign Country)

RACE: _____ NUMBER OF THIS MARRIAGE: _____
Wh, Blk, Asn, Ind, Hisp 1, 2, 3, etc.

PRESENT MARITAL STATUS: () SINGLE () DIVORCED () WIDOWED

EDUCATION: _____ COLLEGE: _____
1-12 OR GED 1-4 OR 5+

CURRENT STREET ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL MAIDEN NAME: _____

APPLICANT'S TELEPHONE NO: (HOME) _____ (WORK) _____

MARRIAGE PLANS

DATE YOU PLAN TO BE MARRIED: _____

CHECK HERE IF YOU WANT THE MARRIAGE COMMISSIONER TO MARRY YOU ()

WHO WILL PERFORM THE CERMONY? _____

IF YOU ARE PLANNING A CHURCH/ SYNOGOGUE/ HOUSE WEDDING, GIVE NAME

NOTE: Marriage Commissioner Charges a \$30.00 fee to marry you, which is in addition to the \$30.00 for the license. This fee is **CASH ONLY**.

LICENSES ARE VALID FOR (60) DAYS FROM THE DATE OF ISSUE.